



# DENTAL (STD. 692) FORM CHECKLIST

## **CHECK SECTIONS COMPLETED BY THE EMPLOYEE (A THRU D) TO ENSURE THE FOLLOWING:**

- ☐ Form is legible.
- ☐ Action type is selected.
- ☐ Employee Social Security number matches the employee's name.
- ☐ Social Security Number is listed for each dependent.
- ☐ Section D is marked.
- ☐ Dependents are not neglected from previous enrollment and previous plan is listed.
- ☐ Everyone who is to be cancelled is identified with a "D" and everyone to be added is identified with an "A".
- ☐ Form is signed and dated by employee (original signature is required).

## **CHECK SECTIONS COMPLETED BY THE PERSONNEL OFFICE TO ENSURE THE FOLLOWING:**

- ☐ The Dental Organization Code matches the Plan Name.
- ☐ The Party Code is correct and consistent with the family members indicated in section B.
- ☐ Permitting Event Date must be 09-09-19.
- ☐ One of the following permitting event codes is used during an open enrollment period:
  - 03 – New enrollment.
  - 15 – Addition/Deletion of dependent(s) (may use one form).
  - 28 – Change of dental plan.
  - 29 – Change of plan and addition/deletion of dependent(s) (may use one form).
  - 41 - Cancelling health/dental to enroll in cash in lieu of benefits. Forms to SCO must be stapled together.
- ☐ Effective date is 01-01-20.
- ☐ Form is signed and dated by Personnel Specialist.
- ☐ The Personnel Specialist contact phone number and contact email address is legible.

- ☐ FlexElect or CoBen form is sent together with the Dental Plan Enrollment Authorization Form (STD. 692) when cancelling or enrolling in Flex/CoBen cash program. Add a note to indicate the requested action.

## HELPFUL HINTS

- ☐ A dependent child over the age of 26 must be certified as a medically disabled dependent child.
- ☐ If employee is enrolling/canceling Flex or Dental, send forms together.
- ☐ If employee has a Domestic Partner status “DPA680 on file” along with the tax year must be written in remarks section.
- ☐ When sending revisions to a form already submitted for open enrollment processing, clearly mark the document as revised.
- ☐ Do not send duplicate forms.
- ☐ Be sure to use the current form.

## RESOURCES

- ☐ [Benefits Administration Manual \(BAM\).](#)
- ☐ [Benefits calculator](#) – Using the benefits calculator will allow the form to auto-populate STD. 692.
- ☐ [Open Enrollment Toolkit.](#)